



NEWSLETTER SEPTEMBER 1980

The President's Column

Recently I noticed on an envelope posted in the U.S.A. a franking message "Stamp out dental neglect". But what is neglect? The American Society of Dentistr for Children has defined oral manifestations of neglect as,

1. The presence of tooth fractures, displacement or premature tooth loss which is inappropriate for the age of the patient
2. Pain, infection or bleeding which has gone untreated for a period of time and which has interfered with the child's normal activities including eating, sleeping and communicating
3. Rampant untreated caries usually in the form of 'nursing caries syndrome'
4. Untreated fractures of the bones of the face and/or jaw(s)
5. Children who have not received dental care before the age of eight or nine years
6. Children with severe malocclusions who have not been orthodontically diagnosed and/or treated

Another area of neglect is the lack of appreciation of parents and the dentist of the psychological problems relating to the poor aesthetics of discoloured or hypoplastic teeth.

Dental neglect should of course be viewed as part of the bigger problem of child neglect.

Abuse and Neglect are not synonomous. 'Child Neglect' is more than lack of information, it includes the failure of the parents to seek the necessary care for their child even when they are aware of the problem and know where help can be provided. 'Child Abuse' is when a child is attacked physically, sexually or emotionally. It is estimated in America that between 2,000 - 5,000 children die from child abuse each year and one million children suffer from various forms of neglect. Consequently in Australia, if similar conditions were operating, it could be expected that between 125 - 300 children would die from child abuse and approximately 60,000 children from various forms of neglect.

As approximately 50% of the children who suffer abuse show oral-facial injuries we, as practitioners with a special interest in child dental health, must consider this possibility when examining a child with oral-facial injuries.

Legally dentists must report to the appropriate authority any suspected cases of child abuse.

In February 1981, Dr. S. Pruzansky, Director of the Centre for Cranio-facial Anomalies,

President's Column, continued

University of Illinois will be visiting Australia. The lectures will discuss the multi-discipline approach to treatment of these children. It is anticipated that he will visit at least three states in Australia and then continue on to New Zealand. He is a world renowned lecturer who is also in half-time orthodontic practice. More details will be available in the next Newsletter; mark off your appointment book now.

Kevin Allen

Federal Secretary's Notes

1. Federal A.D.A. - Review of Philosophy of Specialisation.

A report from the Education Committee, Federal A.D.A., on the Philosophy of Specialisation was circulated recently to all the Affiliated Societies for comment. The Victorian Branch obviously studied this document in some depth and contributed a number of suggestions and questions, and cast general doubt on some of the clauses in the Report. Their comments and constructive criticism, together with those from the S.A. Branch were duly forwarded to the A.D.A. It is impossible to know precisely what influence they may have had, but it is interesting to note that I have just received word from the A.D.A. to the effect that:-

"6. Specialisation.

Following the resolution by the Executive, the draft document on Specialisation prepared by the sub-committee had been circulated to State Branches and Affiliated Societies. All replies and comments to hand had been circulated to the Committee.

Although there was general agreement with the document as a whole, the statement on limitation of practice within a specialty was questioned. The committee devoted some time to debate on this topic and agreed that some modification of the A.D.A. Policy Document on Specialisation may be required.

It was resolved,
6.1. That the sub-committee, composed of Professor Wing and Dr. Mount, re-draft a policy statement on Specialisation based on discussion and comments received, for consideration by the Committee at their next meeting."

2. Tasmanian Membership

I am sad to report that despite numerous approaches to the former Tasmanian Federal Councillor I have not, as yet, had a reply and therefore can only assume that dentists from the Apple Island are still recovering from their mighty effort in staging such a successful National Convention. However there is every hope that they will join us again, possibly in early 1981.

3. N.S.W. Membership

It is very pleasing to note that the membership of this State is increasing, and at present it stands at 42. Keep up the good work N.S.W.!

4. I.A.D.C. Items
Newsletter Deadline

The next I.A.D.C. Newsletter is scheduled for publication in early 1981. The deadline for the issue is December, 1980 and all members are requested to pass on to me any items they may consider newsworthy.

8th CONGRESS. DAVOS, JULY, 1981

Members need to be active in planning to attend the Congress in Davos, July 22-25, 1981.

It is hoped that many members of A.S.D.C. will attend the Con-

Federal Secretary's Notes cont'd.
gress as this will be one way in which overseas members of I.A.D.C. can be encouraged to think in terms of coming to Australia for the 9th Congress in Melbourne in 1983.

9th Congress, 'Melbourne, 1983'

Members will be interested to see the 'LOGO' designed for the 9th Congress.



9th Congress
International Association of Dentistry for Children
21st-25th February 1983, Melbourne, Australia.

The Victorian Branch is working steadily toward this goal, and later on all State Branches will be asked to assist. Presently Dr. Roger Hall's appointment as the Congress Chairman is awaiting confirmation by I.A.D.C. at its next Council meeting in September. We anticipate this will be merely a matter of formality.

Tom Mackay

S.A. Branch

Our June meeting, a Clinical Forum, proved very successful and stimulated considerable discussion between members. Four of the Branch, Drs. Fraser Gurling, John Burrows, Mick Bevan and Bruce Tidswell each gave a ten minute presentation followed by questions and discussion. In each case, the chairman had to stop the discussion to avoid running out of overall time in the meeting location.

Fraser Gurling spoke about the Oral Hygiene Management of Handicapped Children and reported on some of the methods he has been using.

John Burrows' talk on Amalgam Failures reminded us of the importance of cavity preparation and the handling of the material.

Mick Bevan presented some of her ideas on the use of Relative Analgesia. This led to discussion on the potential use of hypnotic suggestions for some

patients under R.A.

Bruce Tidswell was in fine form presenting "Bruce's Tid Bits", a short, humorous talk during which he demonstrated a couple of 'aids' which he has found useful in the management of pedodontic patients.

The Committee has been busy organising our Second Country Convention. After several false starts, due to unavailability of suitable accommodation, and then a clash of dates with other dental functions, the dates of the weekend have been finalised, --Friday, Saturday and Sunday, November 21st, 22nd and 23rd. The weekend will follow a format similar to that of the last Country Convention. The venue will be the Barossa Motor Lodge at Tanunda, and the meeting will commence with a B.B.Q. lunch on the Friday at the Motel.

Some excellent speakers have agreed to take part, including Dr. Peter Burgess (Orthodontist), Dr. Davor Hribar (Oral Surgeon), and Dr. David Blaikie (S.A. Health Commission and Secretary of the Committee of Enquiry into Dentistry, S.A.), together with two eminent medical men from the Adelaide Children's Hospital, Dr. L. Sheffield (Geneticist) and Dr. M. Rice (Oncologist). It is also planned to have two Clinical Forums and, even though we have arranged three S.A. speakers, interstate volunteers would be more than welcome, so please get in touch with the Secretary.

Plans for the Social and Associates programme are in hand and progressing well. So far they include a Dinner-Dance/Wine Tasting at Gramps Weinkeller Restaurant, B.B.Qs at Seppeltsfield and Hoffmanns Wineries, and a winery tour. Further details will be posted to all branches in the near future.

Our next regular meeting will be held on Tuesday, 2nd September and Dr. John McIntyre will talk on "Communication in Dentistry". John Kibble

Victorian Branch

At our meeting on Thursday July 3, 1980, Dr. John Piesse spoke on Holistic Medicine. His interest lay in returning to the basic medicine. Following examination of various areas of India, Russia and China, the importance of a naturalistic diet, good health and longevity have become obviously linked. Dr. Piesse showed examples of this, especially a native of a Szechuan province of China who lived to 256 years and had 29 wives. He particularly referred to the Hunza people of Northern Pakistan, famous for their health most likely due to their diet, water and location. More remarkable when compared to their neighbours.

We were shown slides to illustrate Iris Analysis especially as relating to excessive cheese eating. A revealing discussion of what could be a counter culture need. Less use of drugs and more use of the natural sources of good health.

Dr. Gerry Condon also spoke about recent advances in the use of manipulative materials as related to children. He particularly referred to Amalgam as used in young children and the Acrylic Resins currently used, and long being developed for repair of fractures and anterior aesthetics.

On the 30th of June we had a day meeting at the School of Dental Therapy. The theme was "Oral Disease in Children".

Dr. Ed Chau spoke on Oral Medicine related to Children. Subsequently, we learn he is to leave Adelaide to take a Readership in Hong Kong. A meticulous presentation. Similarly Dr. Bryan Radden, Senior Lecturer in the Department of Dental Medicine and Surgery, covered oral pathology in children. In both cases a central point was vesicular and other stomatitic lesions.

Periodontal disease in

children was covered by Dr. Andy Cattermole. This included orthodontic problems, and gingival attachment and morphological problems.

An afternoon tour of the Therapy School was kindly made available. Then Dr. Ken Harvey, Assistant Microbiologist at the Royal Melbourne Hospital completed the day with a clarification of the problems related to antibiotic resistant strains of bacteria at present creating problems in hospitals. He indicated statistically, historically and amusingly the probable point being reached where the drugs to defeat bacteria may prove as unpleasant as possible to administer and finally ineffectual. "The end of the Antibiotic Era" may come soon.

Interstate visitors to the day meeting were Dr. Lorna Mitchell from Sydney, Dr. Laurie Bourke from Brisbane and Dr. Bob Van Doussa from South Australia.

Lloyd H. Fennell

W.A. Branch

The June meeting was addressed by Endodontist, Dr. Tony Sandler. He developed further the theme of the year - "Traumatic Injuries". He was able to present a most interesting series of cases that clearly showed the course of endodontic action to take (where required) following trauma. The success of the methods was clear to see, even in some seemingly hopeless cases.

The August meeting will consider the Final Restorative Treatments in Trauma Cases.

Members are now looking forward to the final meeting of the year. This will be the Annual General Meeting and will be held in late November. The Guest Speaker at this meeting will be the immediate past Secretary of the International Association of Dentistry for Children, Professor G.B. Winter. Alistair Devlin

N.S.W. Branch

Since the last Newsletter two meetings of the N.S.W. Branch have taken place in the Holme and Sutherland Rooms, Sydney University Union.

The first meeting was held on the 20th May and the topic discussed was "The Use of Relative Analgesia and Other Sedative and Anaesthetic Drug Techniques in Dentistry for Children - Two Points of View". The Speakers on this evening were Dr. Peter Sheridan from A.S.A.A.S.D. and Dr. Bill Winspear, a member of our Branch. The Speakers gave very informative lectures and this led to a lively discussion period with some thought provoking views on patient consent.

Our next meeting was held on Tuesday, 15th July, when Dr. Phil Crocker discussed "Restoration of Anterior Teeth Following Trauma - An Interesting Case". Dr. Crocker gave an extremely interesting lecture illustrated with slides on how seemingly impossible restorative tasks were undertaken and completed successfully.

Our next meeting will be held on Tuesday, 16th September, when our Guest Speaker will be Dr. N. Wright, Director of Dental Services of the N.S.W. Health Commission, who will discuss various Dental Surgery Hazards, including Mercury, Nitrous Oxide, Radiation, Hepatitis etc.

Ross Toll

Queensland Branch

The culmination of the year's activities in Queensland was undoubtedly the "Away from Brisbane" meeting which took the form of a lecture programme and dinner on August 2nd and 3rd. The venue was the Susan River Homestead, Maryborough, and members, wives and families were all well catered for in this rural setting. Members were delighted with the participation of A.D.A. members from Maryborough, Hervey Bay, Gympie and Bundaberg as well as one non-member from Brisbane.

The lecture programme included the following -

Saturday afternoon,

"Possibilities for Dental Research and Education catalysed by the Kellogg Grant"- Dr. John Jago.

"Recent Clinical and Histological studies of Pulpotomised Teeth" - Dr. John Brown.

Sunday morning -

"Macro and Micro views of Dental Fluorosis" - Dr. John Brown.

"Some roving observations of Dentistry in Europe and North America" - Dr. John Brown.

Case Presentations - Dr. Lyn McAllan.

The mixed dinner on Saturday evening provided an opportunity for relaxation and fellowship. Surprisingly enough time was found by some members for horse-riding and tennis, and these activities proved popular with wives and families during the lecture sessions.

This weekend must count among the big successes of the Queensland Branch.

Pat Comiskey

FROM THE JOURNALS by Fraser Gurling
How many Drinks a Day?

Of interest to us all is the health risk associated with alcohol. A summary of an editorial in the JAMA provides useful knowledge.

There has been quite a bit of data to suggest that alcohol may have a beneficial effect on atherosclerosis, which may be seen in a lower rate of coronary heart disease (CHD) in some settings.

Just how alcohol lowers the CHD rate is yet to be unraveled. At present the story seems to go as follows: Alcohol increases high-density lipoprotein (HDL) levels, a finding that has been rather uniform in a diversity of populations. Also, HDL seems to work in our bodies as a scavenger to remove cholesterol from cholesterol deposits and initiate transport of such cholesterol back to the liver, where it eventually is excreted in the bile. Also, HDL blocks internalization of the low-density lipoproteins (LDLs), which may be the major mechanism by which our cells fill up with fat droplets - one of the basic elements of the cellular expression of atherosclerosis.

High intake of alcohol lowers the LDL level, probably the most atherogenic lipoprotein particle system we have. Of course, alcohol raises very low density lipoprotein (VLDL) levels, but this is one of the least well understood effects of alcohol. The average person who drinks increases his VLDL level only temporarily, it is only in the upper 5% of the drinkers where the fasting VLDL levels rise.

Zero intake of alcohol seems less healthful than a moderate intake, equivalent to two drinks (two beers, two glasses of wine or two glasses of spirits) per day. Higher intakes of alcohol are associated with increased rates of all the well-known problems that alcohol produces from nutritional, gastrointestinal, neurological, cardiologic, hematologic, pulmonary, electrolyte, and cancer problems.

Thus, the problem seems simple - just two a day and that's it. Unfortunately, recent research into the etiology of alcoholism gives us cause for concern. There have been three studies comparing orphans'

alcoholism with alcoholism in their adoptive parents and in their biologic parents, whom they barely knew. Orphans' alcoholism correlates far better with their biologic parents than with the environment in which they were raised.

This suggests that people are born with a biologic makeup that can enhance the addictive qualities of alcohol. The metabolism of alcohol in the body begins with alcohol dehydrogenase located primarily in the liver. This enzyme converts alcohol to acetaldehyde. Increased activity of this reaction is associated with alcohol preference in animals. Children of alcoholic parents have higher levels of acetaldehyde in response to a standard alcohol challenge. On the other hand, too rapid accumulation of acetaldehyde is thought to explain aversion to drinking. Very high levels of acetaldehyde, producing unpleasant side effects, occur when one takes alcohol while receiving tetraethylthiuram disulfide (disulfiram). This drug inhibits the enzyme aldehyde dehydrogenase, which rapidly dissipates acetaldehyde.

In addition, certain genetic markers (ABO secretors), enzyme markers (monoamine oxidase), and some prostaglandin abnormalities are among other mechanisms that are under investigation to explain why people are born to handle alcohol differently.

The problem with all of this is that it may be dangerous to tell some people to take two drinks a day when, given their constitutional makeup, one could fairly predict they could not stop at two.

Approximately 17 million alcoholics exist in America and the author suggests that the population in general is not ready for such a message.

(An Editorial: Castelli W.P., J.A.M.A. 242, 18, 2000, Nov. 1979)

INTERNATIONAL ASSOCIATION OF DENTISTRY FOR CHILDREN
8th Congress 22-25 July 1981
DAVOS - Switzerland

P R O G R A M M E

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| Wednesday, July 22 | Council meeting |
| Thursday, July 23 | Opening Ceremony
CHILDRENS DENTISTRY - A SOCIAL
RESPONSIBILITY |
| | <ul style="list-style-type: none">- preventive measures- aims and limits of treatment- consequences for the profession,
for the authorities and for the
Dental Schools |
| Friday, July 24 | MISSING TEETH |
| | <ul style="list-style-type: none">- epidemiology- aetiology- principles of treatment<ul style="list-style-type: none">- preservation of deciduous teeth- tooth germ transplantation- orthodontic considerations- rehabilitation |
| | BANQUET |
| Saturday, July 25 | FREE PAPERS AND TABLE CLINICS |

Information and correspondence:

Pedontic Society of Switzerland
Prof.Dr.L. Rinderer, Parkring 4
CH-8027 Zurich, Switzerland

GROUP TRAVEL

At present the estimated cost of travelling to the meeting in DAVOS is being sought from three sources. Would all members who are interested in attending the Conference and participating in GROUP TRAVEL please inform Dr.K.R. Allen, 282 Melbourne Street, North Adelaide. S.A. 5006 without delay. Please indicate the number of people included in your party.

South Australian Branch
Second Country Convention

NOVEMBER 21st - 23rd 1980
Barossa Motor Lodge, TANUNDA.

We extend a warm welcome to all. You can be assured of a friendly, fruitful and worthwhile weekend. Come and stock up your cellars with Australia's finest wines and at the same time enjoy fellowship and hear some excellent speakers.

Further details will be posted to all branches in the near future, but any immediate queries or requests can be addressed to me at 19 Malcolm Street, Glenelg East. S.A.5045

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John Kibble
Secretary/Treasurer

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